

FILED FEB 5 1943

Registration District No. _____

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2018 Francis St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Months
(Specify whether
In this community 3 Months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt
(c) City or town Maitland
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) _____
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Samuel J. Miller

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 25 1866
(Month) (Day) (Year)

8. AGE: Years 87 Months 2 Days 23 If less than one day hr. _____ min.

9. Birthplace Falls City Nebr
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name unknown 4
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name unknown 9
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Zepha Miller

(b) Address 2367 So 18th St Joseph, Mo

17. (a) Removal (b) Date thereof 1-19-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rulo Nebr

18. (a) Signature of funeral director Edmund T. Son Jnr

(b) Address 1946 Eastham

19. (a) 1-19-43 (b) Rae Huggins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 17
year 1943 hour 2 minute 10 P M.

21. I hereby certify that I attended the deceased from Jan 11 1943 to Jan 17 1943
that I last saw him alive on Jan 16 1943
and that death occurred on the date and hour stated above.

Immediate cause of death mitral insufficiency 2 yrs

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 92b

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J.P. Elliott (M. D. or other) Sw

Address 806 S. Francis St Joseph Date signed 1-18-43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

11
1
7
801 - 7-1-1943
Elliott

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____
_____ Registered Apprentice No. _____
working under my personal supervision.

Signed Robert Gable
Licensed Embalmer No. 5308
P. O. Address St Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.